**Supplemental Digital Content 1. Summary of The Two Criteria for Screening Commercial Drivers for OSA**

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|   | Joint Task Force Criteria for OSA Screening |
|   | Drivers meeting one of more of six criteria are considered to have OSA or probable OSA |
| Subjective Criteria (1-4) |
|  1. Any of the following symptoms: snoring, excessive daytime sleepiness, witnessed apneas |
|  2. History of motor vehicle collision likely related to sleep disturbance (run off road, at-fault, rear-end collision) |
|  3. Previous OSA diagnosis; prior PSG with AHI, RDI or REI > 5; reported PAP prescriptions and/or use |
|  4. Epworth Sleepiness Scale > 10 |
| Objective Criteria (5-6) |
|  5. Sleeping in the examination or waiting room |
|  6. Two or more of the following: |
|  -BMI ≥ 35 mg/kg2 |
|  -Neck circumference > 17 inches in men, 16 inches in women |
|  -Hypertension (new, uncontrolled, or requiring ≥ 2 medications for control) |
|   | FMCSA MRB Recommandations |
| Conditional Certification |
|  1. BMI ≥ 40 mg/kg2 |
|  2. BMI ≥ 33 mg/kg2 and < 40 mg/kg2 in addition to 3 or more of the following: |
|  -Hypertension (treated or untreated) |
|  -Type 2 diabetes (treated or untreated) |
|  -History of stroke, coronary artery disease, or arrhythmias |
|  -Micronathia or retrognathia |
|  -Loud snoring |
|  -Witnessed apneas |
|  -Small airway (Mallampati Classification of Class III or IV) |
|  -Neck circumference > 17 inches (male), 15.5 inches (female) |
|  -Hypothyroidism (untreated) |
|  -Age 42 and above |
|  -Male or post-menopausal female |
| Immediate Disqualification |
|  1. Admission of fatigue or sleepiness during the wake period |
|  2. Involvement in sleep-related motor vehicle crash or accident or near crash |
|  3. Non-compliance with treatment |
|  4. Certified Medical Examiner’s option: any driver who appears to be at extremely high risk |
| OSA, obstructive sleep apnea; PSG, polysomnography; AHI, apnea-hypopnea index; PAP, continuous positive airway pressure; FMCSA, Federal Motor Carrier Safety Administration; MRB, Medical Review Board  |

**Supplemental Digital Content 1. Continued: Clinic Screening Form**

